

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

William J. Andrews

Full Name of Plaintiff

Inmate Number

v.

Dr. Ellen Mace Leibson

Name of Defendant 1

Schuylkill Medical Center

Name of Defendant 2

Warden Scott Finley at Schuylkill  
Pennsylvania

Name of Defendant 3

Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. \_\_\_\_\_  
(to be filled in by the Clerk's Office)

☒ Demand for Jury Trial  
☐ No Jury Trial Demand

FILED  
SCRANTON

JUL 20 2020

PER   
DEPUTY CLERK

## I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☐ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☒ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

**II. ADDRESSES AND INFORMATION**

**A. PLAINTIFF**

William J. Andrews

Name (Last, First, MI)

51085-066

Inmate Number

Satellite Camp Fairton

Place of Confinement

PO BOX 420

Address

Fairton, NJ 08320

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced state prisoner

Convicted and sentenced federal prisoner

**B. DEFENDANT(S)**

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Dr. Ellen mace Leibson, FCI Schuylkill of PA

Name (Last, First)

Medical doctor for FCI Schuylkill

Current Job Title

Interstate 81 & 901 West

Current Work Address

Minersville, PA 17954

City, County, State, Zip Code

Defendant 2:

Schuylkill Medical Center-Susan McNally

Name (Last, First)

not clear but Susan McNally MA050876,PA-C

Current Job Title

700 East Norwegian Street

Current Work Address

Pottsville, PA 17901, phone# 570-621-4656

City, County, State, Zip Code

Defendant 3:

Warden Scott Finley at FCI Schuylkill

Name (Last, First)

Warden For FCI Schuylkill

Current Job Title

Interstate 81 & 901 West

Current Work Address

Minersville, PA 17954

City, County, State, Zip Code

Defendant 4:

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Current Job Title

\_\_\_\_\_  
Current Work Address

\_\_\_\_\_  
City, County, State, Zip Code

Defendant 5:

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Current Job Title

\_\_\_\_\_  
Current Work Address

\_\_\_\_\_  
City, County, State, Zip Code

### III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.  
Where-FCI Schuylkill Camp, When- July 8,2018.  
In July 8,2018,I fell due to my Spine. On July 9,2018, I was given a Wheelchair by Dr.Ellen Mace Leibson. On July 16,2018,I fell out from Wheelchair and was told to get up off the ground. Later Dr.Luibson sent me to Schuylkill Medical Center by Ambulance and was given an X-rays and later sent back to Schuylkill Camp and the wheelchair was taken from me and was ORDER to the SHU(Special Housing unit). And also was given an incident report for faking a fall from Dr.Luibson,which was later Expunged by the Warden at FCI Loretto.

B. On what date did the events giving rise to your claim(s) occur?  
On August 10,2018, I was interview at the University of Pittsburgh Medical Center and determine that I need major surgery on my Spine and disc which was previously X-ray 3 hours before the surgery exist.As stated by University Doctor statements, In Jnauary,2018,Mr.Andrews began to require a cane due to RLE weakness.Mr.Andrews had been to the prison clinic multiple times and states that they did not take his complaint seriously.Andrews was placed on Prednisone(See attach Continuation statement)

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)  
As a result I almost died and became handicapp because no did anything nor did they listen to my constqnt pain and suffering. The doctor Ellen Mace Leibson, the BOP staff and Warden at FCI Schuylikill and the Schuylkill Medical Center were the one that resulted me in suffereing while they do nothing at all.

As to the underlying facts please refer to attach statement that happened at FCI Loretto for claim of Injury continuation.

## CONTINUATION

Answer to Part III, Section B continue

taper and antiinflammatories at one point and also states he was provided with a wheelchair. Andrews weakness progressed however, and Andrews states that over the past month he was unable to ambulate at all. Andrews states he has spent the last 21 days in solitary, confined to his bed. patient states he cant grab things with his hands anymore and feels completely off balance when he walks, his legs give out on him constantly and have been getting worse over the past month.

Doctor diagnose and resulted in a severe cervical spinal stenpsis and cervical myelopathy.

Answer to Part III, Section C continue

Statement of Facts occur.

after he fell down several times while showering. Mr. Andrews fell down several times while showering due to no handicap handrails being available in the shower. After two different falls in the shower, along with other falls in the compound, he was sent to the FPC's doctor, Ellen Mace-Leibson. Mr. Andrews was given a wheel chair to use on July 9th, 2018. On July 16, 2018, while in the rec yard, Mr. Andrews fell out of his wheel chair and could not get up. Mr. Andrews was then experiencing chest pains and he was then removed by medical personal and soon taken to Schylkill Medical Center, East Norwegian St emergency department, by ambulance. Mr. Andrews received an EKG and during the interview he described how he couldn't feel anything below his waist. He was given x-rays. He received no MRI at that time. The report, Pat ID:M289040, Acct#40016549, indicated that Mr. Andrews had degenerative joint disease (DJD), See Exhibit A. The diagnosis was stating that it was a painful problem. Item #3 clearly states, "...include pain that usually gets worst ..." Item #4. of the report, states "It is important to take medication as prescribed to help control pain." And item #6, states "A list of procedures and test performed while you were in the ED has been given to you upon discharge from the ED. However, Mr. Andrews never received the pain medications that the Emergency Department recommended.

It is believed that the Emergency Department at Schuykill Medical Center was only authorized to limited procedures associated for chest pains, and were then limited to x-rays to what had been described as "not feeling anything below my waist." The pain that was hurting Mr. Andrews with thought to be from what x-rays showed. The x-rays clearly showed degenerative joint disease. Around four days later, for some unknown reason Dr. Ellen Mace-Leibson made an assumption that Mr. Andrews was not in pain but was faking the whole time about his injuries. This clearly led to Mr. Andrews to unnecessary and wanton infliction of pain, as he was in fact and it was documented that, he had at the very least a painful degenerative joint disease. The medical staff made no consideration of any other injuries that may have ocured due to the falls in the shower or the fall in the rec yard that led to chest pains. Yet Mr. Andrews tried to tell her that he was in pain. With no reasoning the wheel chair was removed from him increasing the unnecessary and wanton infliction of pain. Mr. Andrews was unjustly written up a Code 402 violation, Malingering, Feigning Illness, then he was placed into the Special Housing Unit. Around a week later he was found guilty by the UDC on August 1st, 2018 of a Code 402 violation.

While Mr. Andrews was in the Special Housing Unit, (SHU), Mr. Andrews suffered immense pain and was told again that he was 'faking it'. Unfortunatly Mr. Andrews was unable to walk at all while in the SHU. He had a cellie that will verify all this. Mr. Andrews suffered embassament in front of the other cellie because he was unable to control his bladder or bowels, forcing him to sit in his own excrement. This whole shu episode fed a worsening depression, causing more emotional pain and suffering. Inmate Raymond Collozo, Reg# 23571-055 will verify the condition of Mr. Andrews during the time he was in the special housing unit. This has left Mr. Andrews emotionally drained and depressed. During this entire time Mr. Andrews was denied any explanations on how the Dr. concluded that Mr. Andrews was 'faking' while the medical report from Schuykill Med Center Emergency Department clearly revealed chronic ailments that are extremely painful. This is a clear case of deliberate indifference to serious medical needs on the part of Dr. Mace-Leibson and perhaps others.

#### IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed. The followings are violation for the above actions.

1. Legal Malpractice /Malpractice
2. Breach of Duty by Prison official and Staff
3. Medical Malpractice by Medical Center
4. Acts or Omissions by Prison Official and Staff
5. False Imprisonment from Prison Camp to Special Housing unit(SHU)
6. Unprofessional Conduct by Prison Official and Staff and Medical Center at FCI Schuylkill
7. Negligent and serious medical needs on the part of the FCI Schuylkill Staff and medical doctor and Medical center

#### V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

As result of medical center, and FCI Schuylkill prison official and staff, I had to have a Surgery done on my Spinal and a disc on my neck and also a ROD put on to keep it stable.

#### VI. RELIEF

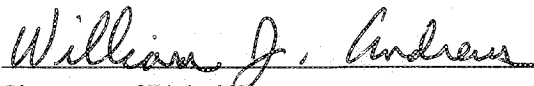
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I am seeking a Jury trial for punitive damages and monetary relief amount of money for the pain and suffering in the hand of all the defendants.

**VII. SIGNATURE**

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

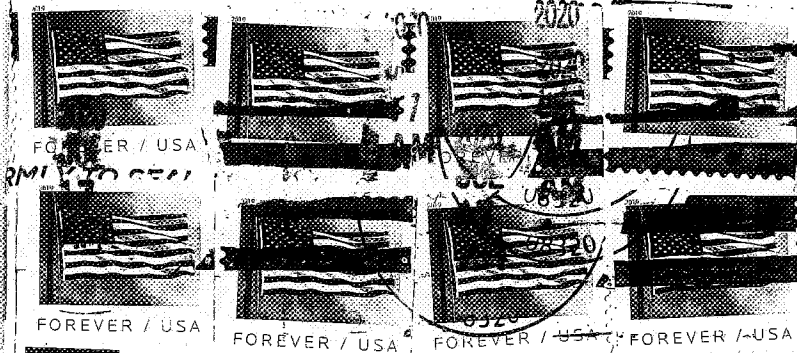
  
Signature of Plaintiff

7/13/2020  
Date

To: Clerk of Court:

Good Morning. Please note, I have sent \$400.00 through the PRISON STAFF to withdraw \$400.00 From my Court to pay this Filing Fees. Here is a copy of Receipt.





PRIORITY MAIL LEGAL  
POSTAGE REQUIRED

FROM: William J. Andrews 51085-066

SATELLITE CAMP Fairton, FRC

PO BOX 420

Fairton, NJ 08320

TO:

U.S. District Court, Middle of PA

235 N. WASHINGTON AVE

PO BOX 1148

SCRANTON, PA 18501

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